# FORM D



### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:						
Estimated average burden						
	4000					

NOTICE OF SALE OF SECURITIES	SEC US	SEC USE ONLY			
PURSUANT TO REGULATION D,	Pretix	Serial			
SECTION 4(6), AND/OR	DATE RE	CEIVED			
INITIODM LIMITED OFFEDING EXEMPTION	$A \wedge V$	ı			

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  PRIME COMPANIES INC.	RECEIVED
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: Amendment	APR 1 8 2007
A. BASIC IDENTIFICATION DATA	(1)
1. Enter the information requested about the issuer	200 /55
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  PRIME ( COMPANIES IN C.	
Address of Principal Business Operations (if different from Executive Offices)  PRIME COMPANIES, INC.  (Number and Street, City, State, Zip Code)  (Number and Street, City, State, Zip Code)  (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)  530 755 3 550  Telephone Number (Including Area Code)
Brief Description of Business	PROCESSED
TELECOMMUNICATIONS SERVICE PROVIDER	E 7. 2007
Type of Business Organization    Corporation	rase specify): FINANCIAL
Month Year  Actual or Estimated Date of Incorporation or Organization: Fig. GF7 VActual Estima  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	

#### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years:</li> </ul>
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Reneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)  LIMA, NORBERT J.  Business or Residence Address (Number and Street, City, State. Zip Code)
Business or Residence Address (Number and Street, City, State. Zip Code)
YOG CZY12A FIRZY , YUBA CITY CA 95991  Check Box(es) that Apply: Promoter Beneficial Owner Described Officer Director General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Business or Residence Address (Number and Street, City, State, Zip Code)
409 CENTER STREET 403A CITY CA 95991  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
LIMA, ADRIAN
Business or Residence Address (Number and Street, City, State, Zip Code)
409 CZWIZR STRZZT, YUBA CITU, CA 55991  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Gieneral and/or Managing Partner
Full Name (Last name first, if individual)  HWZ DRWW.
HINZ DENNIS  Business or Residence Address (Number and Street, City, State, Zip Code)
409 CENTIN SINET, 4034 City, CA 95991  Check Box(es) that Apply: Promoter Beneficial Owner Executive Difficer Director General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
SOKOLOWSKI MARTIN
Business or Residence Address (Number and Street, City, State, Zip Code)  409 Central STREET, 403A City CA 95991  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

L					<b>B.</b>	INFORMAT	ION ABOU	I OFFERIN	(G				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes 	No TE		
2.	What is the minimum investment that will be accepted from any individual?								s <u>.3</u> 0	0,000			
												Yes	No
3.													
4.	commis If a pers or state	ssion or sim son to be lis s, list the na	ilar remuner ted is an ass ime of the b	ration for s ociated pe roker or de	solicitation rson or ag caler. If m	n of purchas ent of a brob ore than fiv	ers in conn cer or dealc e (5) perso	be paid or g ection with s er registered ns to be liste dealer only.	sales of sec with the S d are asso	curities in EC and/c	the offering with a sta	ig. ate	
	-	<b>A</b> 1	first, if indi	-									
<u></u>	<del></del>	KING	POIN	11E (	API.	<i>TAL</i> ; City, State, 7	INC					<del></del>	
nus	iness or	515	Address in	umber and	a Street, C	III, State. A	ip Code)	16UNA	BRA	C14	CA	9210	/
Nar	ne of As	sociated Br	oker or Dea	iler		way,		. 0 - 7 - 7 1	<u> </u>	<del>/</del>	7.	1-0-5	•
Sta						s to Solicit							
	(Check	"All States	s" or check i	individual	States)					•••••		📋 🗛	1 States
	AL	[AK]	AZ	AŘ	CA	CO	CT	(DE)	DC	FL	GA	HI	[ID]
	IL	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	M	MS	MO
	MT	NE	NV	NH	ИЛ	(NM)	NY	NC	ND	OH	ŌK	OR	PA
	RI	SC	[SD]	TN	TX	UT	VI	(VA)	WA	WV	WI	WY	PR
Ful	l Name (	Last name	first, if indi	vidual)						<del></del>			·
Bus	iness or	Residence	Address (N	iumber an	d Street.	City, State,	Zip Code)	<del></del> _		<del></del>	<del></del>		
Nar	ne of As	sociated Br	oker or Dea	ıler		<u>-</u>							•
Sta	es in Wi	nich Person	Listed Has	Solicited	or Intend	s to Solicit	Purchasers			<del></del>	· · · ·	·	
	(Check	"All States	s" or check i	individual	States)		•••••	·····	••••••	••••••	***************	📋 Ali	States
	AL	AK	AZ	AR	(CA)	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	[ <u>MS</u> ]	MO
	MT	NE	NV	NH	NJ	NM T	NY	NC)	ND	OH	OK)	OR	PA
	RI	SC	(SD)	TN	TX	(UT)	[VT]	[VA]	[WA]	WV	(WI)	<u>[WY]</u>	PR
Ful	l Name (	Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	lumber an	d Street, (	City, State,	Zip Code)						
Nar	ne of As	sociated Br	oker or Dea	nler		<del></del>				<del></del>	<del></del>		
Star	tes in Wh	nich Person	Listed Has	Solicited	or Intend	s to Solicit	Purchasers						-
	(Check	"All States	or check i	individual	States)							[] Ail	States
	AL	AK	AZ	AR	CA	CO	CT	(DE)	DC	FL	GA	HI	[ID]
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC)	ND	OH	OK	OR	PA
	RI	(SC)	(SD)	TN	TX	HIT	[VT]	[VA]	(WA)	WV	WII	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	•	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	c
	Equity		\$ 30,000
	[V Common ] Preferred	<u> </u>	, <u> </u>
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		<u> </u>
	Other (Specify)		
	Total	30,000	30,000
	Answer also in Appendix, Column 3, if filing under ULOE.		· ·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	;	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	f	8 30,00-C
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$ 30,000
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$ 30000
	Total	<del></del>	\$ <u>30</u> ,000
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	<b>d</b>	\s_ \s
	Printing and Engraving Costs		<b>\$</b>
	Legal Fees		s 5000-
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	<u>-</u>	3000-
	Other Expenses (identify)		\$
	Total	<b>2</b>	\$ 8050-

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted	gross	31,950 -
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimat f the payments listed must equal the adjusted	te and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate			——
	Purchase, rental or leasing and installation of mac and equipment			s
	Construction or leasing of plant buildings and fac	ilities	s	\$
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another		_ <b>∏\$</b>
	Repayment of indebtedness			- <b>-</b>
	Working capital		<del></del> ,	
	Other (specify):		\$	
	Column Totals		<u>\$</u> 0.00	\$0.00
	Total Payments Listed (column totals added)		🗹 😼	19,950-
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accumulation.	nish to the U.S. Securities and Exchange Co	ommission, upon writt	
Iss	er (Print or Type)	Signature	Date	
PR	IM & COMPANIE INC	14	3-19.5	7
$\overline{}$	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
57	3AHTO GOODMON	Title of Signer (Print or Type)  Chief Fon an ciny	Afren	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE						
1.*	. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?							
	Se	e Appendix, Column 5, for state re	esponse.					
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as requi		of any state in which this notice is	filed a notice on	ı Forn			
3.	The undersigned issuer hereby undertakes tissuer to offerees.	to furnish to the state administrator	rs, upon written request, informa	ation furnished	by the			
4.	The undersigned issuer represents that the limited Offering Exemption (ULOE) of the of this exemption has the burden of establish	state in which this notice is filed an	nd understands that the issuer cla					
	ner has read this notification and knows the conthorized person.	stents to be true and has duly caused	this notice to be signed on its beh	alf by the unders	signed			
	Print or Type)  ME COMPANIES / NC  Print or Type)	Signature (L)	Date 3-19	7.07				
Name (1	Print or Type)  Offen Goodnan	Title (Print or Type) Ch. ed Fun	encul Office	<u> </u>				

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach Type of investor and to non-accredited offering price explanation of offered in state amount purchased in State investors in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors** Investors Yes No Amount Amount ALΑK AZAR $\mathbf{C}\mathbf{A}$ CO CT DE DC FL GA н ID ΙL IN IΑ KS KY LA ME MD MA MI EQUITY MN 30,000 0 0 MS

**APPENDIX** 

APPENDIX										
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		(if yes, explana	ite ULOE attach ition of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО						1				
MT										
NE						,				
NV										
NH		.,				i				
NJ						_				
NM		:				1				
NY						!		'		
NC									i	
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OR	-1					1				
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VT										
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	APPENDIX										
1		2	3		4						
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under Sta (if yes, explana waiver	diffication atte ULOE attach attion of granted)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY			<u> </u>								
PR			<del>-</del>			_					